

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097890302** | FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1				
3		1				
4	1					
5	1					
6	1					
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TOTAL ID.	7	0				
TOTAL DEP.	2	0	0	0	0	0
TOTAL CLAIMS	9	0	0	0	0	0

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IND.	DEP.	IND.	DEP.
51			
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99			
100			
TOTAL IND.	0	0	0
TOTAL DEP.	0	0	0
TOTAL CLAIMS	0	0	0